

RECEIVED
CENTRAL FAX CENTER
JUL 21 2005

SN 10/757,924PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	CHUNG et al.	Examiner:	JASON M. GREENE
Serial No.:	10/757,924	Group Art Unit:	1724
Filed:	01/14/2004	Docket No.:	758.1149USC1
Confirmation No.:	5125		
Title:	POLYMER, POLYMER MICROFIBER, POLYMER NANOFIBER AND APPLICATIONS INCLUDING FILTER STRUCTURES		

AMENDMENT AND RESPONSE

Mail Stop: AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed March 25, 2005, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims that begins on page 3 of this paper.

Remarks begin on page 13 of this paper.

07/25/2005 ASEL:MAN 00000001 132725 10757924

01 FC:1201 500.00 DA
02 FC:1202 550.00 DP

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10757924

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	49	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	49 minus 20 =	29
INDEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 60	Minus	** 49	= 11
	Independent	* 8	Minus	*** 5	= 3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

190 201 209 220 229

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	385.00		BASIC FEE	770.00
XS 9=			XS18=	522
X43=			X86=	172
+145=			+290=	
TOTAL			TOTAL	1464

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
XS 9=			XS18=	550
X43=			X86=	600
+145=			+290=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	1150

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
XS 9=			XS18=	
X43=			X86=	
+145=			+290=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
XS 9=			XS18=	
X43=			X86=	
+145=			+290=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY